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The Hamilton-Wentworth
Community Action Program for Children (CAPC) Project:
Local Evaluation of the
PARENTS HELPING PARENTS PROGRAM



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The Hamilton-Wentworth
Community Action Program for Children (CAPC) Project:
Local Evaluation of the
PARENTS HELPING PARENTS PROGRAM

January 1998

From May 01 1994 - March 31 1997
(First Three Years of Funding)

Prepared by
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CAPC Evaluation Co-ordinator



Production of this document has been made possible by a financial contribution from the Community Action Program for Children, Health Canada, in co-operation with the Province of Ontario and the Social Planning and Research Council of Hamilton-Wentworth.

The views expressed herein do not necessarily represent the official policy of Health Canada.

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The Hamilton-Wentworth CAPC Project is a collaborative community effort of the following agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program (STAR), and The Social Planning and Research Council of Hamilton-Wentworth.

The views expressed herein are solely those of the author and/or the Community Action Program for Children Evaluation Committee and do not necessarily represent the official policy of the Social Planning and Research Council of Hamilton-Wentworth, Health Canada or the Province of Ontario.

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EXECUTIVE SUMMARY

The Hamilton-Wentworth CAPC Project:

A collaborative effort of five community agencies (The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program [STAR] and The Social Planning and Research Council of Hamilton-Wentworth), the CAPC Project provides six programs for families "at-risk" who reside in East Hamilton and Stoney Creek.

The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

The Parents Helping Parents Program:

A new initiative of the CAPC project, the Parents Helping Parents Program is administered through the Public Health Department. This program targets immigrant groups experiencing language and/or cultural barriers who live in East Hamilton and Stoney Creek. The intervention is done through a peer support/educator model where educated individuals of like culture and language (Resource Parents) visit families in their home to: (i) promote healthy growth and development of children aged zero (prenatal) to three years, (ii) enhance child care skills and (iii) empower families to access community resources.

Resource Parents participate in an intensive skill development program prior to taking on home visiting responsibilities. Resource Parents are paired with a Public Health Nurse who provides education/resources and back-up for complex cases.

The Hamilton-Wentworth Community Action Program for Children (CAPC) Project
Local Evaluation Report of the Parents Helping Parents Program

Attendance:	As a new initiative, the program required considerable time to develop objectives, interview and train Resource Parents, translate materials into different languages and promote the program. The program did not start making home visits until October 1994. From October 1994 through to March 1997, 70 families were served.
Demographics:	Number Who Completed Demographic Information Forms: 48 (69%)
Marital Status:	21% are single parents
Participant Age:	average participant age is 29 years
Age of Children:	23% have two children under 6 years of age living in the home
Language:	6% report speaking English in the home 19% speak Arabic in the home 17% speak Punjabi in the home 17% speak Vietnamese in the home 9% speak Serbian in the home
Household Income:	60% - 69% live below the Low-Income Cut-Off (LICO)
Education:	59% of participants had not completed high school
Employment Status:	81% of the participants were not working outside the home

Why Participants Attend Parents Helping Parents

Assistance with Finding Out About & Accessing Services in the Community: "*This program is beneficial because it is informative and provide information of the resources in the community with the help of the program I attended free English class and knew about birth control, child development, etc.*"

Language Barrier: "...when I learned you can speak my language I decided to join this program. This is very useful program."

Social Isolation: "I was new in the country and felt lonely and home sick with the help of this program I learnt about different community services which are free and I feel confident"

Information About Child Development: "...it is good to know that you have somebody who is experienced in the field of child development whom you can ask about problems and who can help you in solving them."

Concerns Participants Have With Their Children

Health Problems: "health problems - cough. In this community there are not many services for small kids. Parents are stuck at home with such small kids especially during the wintertime."

Nutrition/Eating: "About her eating. I am worry about nutrition for her, but I think you help with that..."

Medical: "Before I was worried about my baby's neurologic development. Now, I not worried any more. Your program helped me and my pediatrician. It is good to have somebody who would tell you "that is good, this is not", "you are feeding her in proper way". I have heard lot of different advices from my friends but that made confusion with help of your program I learned how to breast-feed correctly."

Parenting Skills: "how to deal with her being stubborn."

Problems Participants Have Living Here:

Financial: "problem of not having time to spend with family. If you want to live better you need more money, you work more and you don't have time for family."

Difficulty Finding A Job: "financial problems, day care problems, problem to find a job."

Social Isolation: "I feel lonely here. I don't have friends. I don't know English well..."

Language: "understanding and speaking English is still a big problem."

Who Helps Participants With Their Problems

Family & Resource Parent: "sometimes my husband and some times resource parents helps me because she can understand my problem."

Resource Parent: "only resource parents helps me"

Resource Parents' Comments From Interviews:

Areas Where They Feel They are Assisting the Program Participants

Empathy for the Immigrant People	Building Trust
Improved Communication	Access to Services
Changing Circumstances (e.g. depression, isolation)	Success

Preliminary Findings from the Longitudinal Parents Helping Parents

Program Questionnaire

This questionnaire is completed soon after a participant joins the program (Time 1), 6 months after the participant has joined the program (Time 2) and 12 months after the participant has joined the program (Time 3).

HOME Observation for Measurement of Environment (HOME) Inventory

- measures the quality and quantity of support for development available in the child's home environment
- preliminary data from 18 questionnaires which were completed for Time 1 and Time 2 indicate a significant statistical difference in the overall score, and all but one of the subscale scores, which suggest that participant involvement in the program has positive effects on the quality and quantity of support for development available for children in the homes of program participants.

Minnesota Infant Development Inventory (MIDI)

- reviews the development of infants in the first fifteen months of life
- preliminary data from 14 questionnaires completed for Time 2 and Time 1 indicate that there was no change in developmental levels of the infant, relative to the infant's chronological age, between Time 1 and Time 2. This suggests that involvement in the program does not have an impact on developmental levels in the children of participants.

Awareness of and Utilization of Community Resources

- questions were asked about awareness of, use of, and attitudes towards services in the community
- 17 participants answered these questions for Time 1 and Time 2
- at Time 2, there were less participants who did not know about different community services, and there was a positive trend in participants' opinions on: finding services for their child, and satisfaction with quality of services
- these preliminary data indicate that participants are more aware of community services

Conclusions

Based on the data collected from May 01 1994 - March 31 1997, the Parents Helping Parents Program is serving its target population of immigrant families "at-risk" living in East Hamilton and Stoney Creek who are experiencing language and/or cultural barriers.

Qualitative data collected for the evaluation reveal that participants take part in the program to learn about and receive assistance with: accessing community services, overcoming language barriers, child development, and parenting skills. These data also illustrate that many of the participants experience social isolation which is decreased through their involvement in the program.

Preliminary findings from a longitudinal questionnaire indicate that: (i) program participants are more aware of community resources, (ii) program involvement has a positive effect on the quality and quantity of support for development available for children in the home, and (iii) there is no change in infant developmental stage, relevant to chronological age.

Many important lessons about working with members of the multi-cultural community and with peer workers, have been learned. Two of the more important lessons which impact on evaluation results include: (i) the significant amount of time and resource this type of programming takes and (ii) the families in the program experience significantly higher risk than initially expected which has resulted in a shift in program priorities. Currently, Resource Parents work with families on crisis issues (e.g. lack of food, housing issues, family violence issues) prior to implementing the child development component of the program.

"This program is beneficial because it is informative and provides information of the resources in the community. With the help of this program I attended free English classes and I know about birth control and child development..."

Comment Made by a Parents Helping Parents Participant

During an Evaluation Interview

(note the comment is translated into English by the Resource Parent)

1.0 INTRODUCTION

This report summarizes evaluation findings for the Parents Helping Parents Program for the first three years it received funding received from Health Canada (May 01 1994 - March 31 1997).

This report is one in a series of eight evaluation reports written on the Hamilton-Wentworth CAPC Project. These other reports, which include reports on the other CAPC programs and a report on the overall project are available through the Social Planning and Research Council of Hamilton-Wentworth.

The Parents Helping Parents is one of six programs under the umbrella of the Hamilton-Wentworth CAPC Project which works with families "at-risk" to improve the health of their children aged zero (prenatal) to six years. Families "at-risk" include families who are living on limited incomes and/or experience social isolation. The goals of the CAPC Project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

The Parents Helping Parents Program is a new initiative of the CAPC project, patterned on similar successful programs in Canada (Toronto, Scarborough), Hawaii and Britain.

The program targets immigrant groups experiencing language and/or cultural barriers who live in East Hamilton and Stoney Creek. The intervention is done through a peer support/educator model where educated individuals of like culture and language (Resource Parents) visit families in their homes to: (i) promote healthy growth and development of children aged zero (prenatal) to three years, (ii) enhance child care skills and (iii) empower families to be able to access community resources.

Resource Parents participate in an intensive skill development program prior to taking on home visiting responsibilities. Each Resource Parents is paired with a Public Health Nurse who acts as a consultant for case management, provides education/resources and back-up for complex cases.

2.0 HISTORY OF THE CAPC PROJECT

The CAPC funding in Hamilton-Wentworth is the successful result of a proposal submitted to Health Canada. The proposal was a collaborative effort of the following five community agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program (STAR) and The Social Planning and Research Council of Hamilton-Wentworth.

Health Canada granted the project 1.5 million dollars for a three-year pilot (April 01 1994 - March 31 1997). This money was used to develop a CAPC infra-structure and fund the seven programs that were outlined in the original proposal. Three of these programs were existing programs (Baby's Best Start, Nobody's Perfect and STAR), which received enhanced funding to deliver more services in the CAPC catchment area. Four of the programs were new initiatives (Community Access to Child Health [CATCH], the Community Support Worker Program, the Parents Helping Parents Program and the Student Parent Resource Area/Young Parent Program), designed specifically to work with families "at-risk" living in East Hamilton and Stoney Creek. A portion of the money was committed to evaluating the programs and the project.

In addition to the funding from Health Canada, the five partner agencies of the CAPC project have contributed significant amounts of professional time, program resources and office space which are essential to the success of the project.

In March 1997, the Hamilton-Wentworth CAPC Project received confirmation from Health Canada that it was successful in the renewal process, and full funding was secured for an additional three years (April 01 1997 - March 31 2000).

2.1 History of the Parents Helping Program

As a new initiative, the program required considerable time and resource to be developed and marketed. The table below represents a time line which highlights program development spanning from May 1994 to March 1997.

TABLE 2.1: HISTORY OF PARENTS HELPING PARENTS PROGRAM

May 1994	<ul style="list-style-type: none"> ● funding received from Health Canada
September 1994	<ul style="list-style-type: none"> ● 2 week training session held for potential Resource Parents, seven women representing Vietnamese, East Indian/Pakistani, Polish, Arabic/Somalian and Serbian/Croatian cultures attended
November 1994	<ul style="list-style-type: none"> ● 5 women hired as Resource Parents ● home visiting started
February 1995	<ul style="list-style-type: none"> ● Somalian/Arabic Resource Parent resigned position to return to school full-time
April 1995	<ul style="list-style-type: none"> ● Polish Resource Parent resigned to return to work full-time
Summer 1995	<ul style="list-style-type: none"> ● promotional program video and poster are developed and translated into different languages
September 1995	<ul style="list-style-type: none"> ● first meeting of the Community Advisory Committee for the Program ● Serbian/Croatian Resource Parent resigned to return to work full-time, leaving two Resource Parents
October 1995	<ul style="list-style-type: none"> ● 2 week training session held for potential Resource Parents, seven women attended representing Cambodian, Spanish, Arabic, Serbia/Croatian, and East Indian/Pakistani cultures
November 1995	<ul style="list-style-type: none"> ● an Arabic Resource Parent and a Serbian/Croatian Resource Parent were hired by the Social Planning and Research Council ● the five other women who completed the Resource Parent training session joined the Community Advisory Committee
April 1996	<ul style="list-style-type: none"> ● waiting list for program started
July 1996	<ul style="list-style-type: none"> ● number of families requiring Child Welfare intervention or Family Violence Counselling increased
November 1996	<ul style="list-style-type: none"> ● several collaborative activities with area community agencies are being developed: Please Be Seated (multi-cultural car seat safety project with the Trauma Prevention Council), the Family Literacy Advisory Group (F.L.A.G) with the Hamilton Public Library and area English as a second language groups, and the Immigrant Family Health Promotion Coalition with St. Joseph's Immigrant Women's Centre.
January 1997	<ul style="list-style-type: none"> ● "F.L.A.G." (Family Literacy Advisory Group) submitted a proposal for funding to the Hamilton Foundation to create thirty family language kits for newcomer to Canada. ● Please Be Seated project completed a survey of car seat safety with members of the multi-cultural community, survey results will be used for planning a car seat safety blitz with the police in April 1997
February 1997	<ul style="list-style-type: none"> ● funding transferred from the discontinued CAPC Young Parent Program to the Parents Helping Parents program which resulted in an increase in the hours of service being offered by the program

3.0 AN OVERVIEW OF THE PARENTS HELPING PARENTS PROGRAM

The information in this overview comes from evaluation forms completed as part of the National CAPC Evaluation. The headings and descriptions originate from the form, and are not chosen by the programs. When filling out the forms, the program staff are required to check off which options in a question best reflect the nature of the program.

Program Components:

- home visiting
- other child focused programs
- family/parent focused programs
- service network focused programs
- perinatal program
- community development (i.e. providing leadership opportunities for resource parents)

Issues the Program Addresses:

- social isolation
- financial disadvantages
- language and cultural barriers
- difficulty of immigrants accessing community resources
- adaptation to parenthood
- healthy growth and development
- family violence
- child safety

Benefits to Children Expected to Result from Program Activities:

- improved physical health
- improved cognitive function, including language development and school preparedness
- fewer risks to child during infancy or later including injury experiences
- improved social-emotional health including better interpersonal functioning, more self-esteem and happiness

Benefits to Parents Expected to Result from Program Activities:

- improved caretaking skills
- higher levels of social support including opportunities for socialization
- increased coping resources, including improved sense of well-being, self-esteem & sense of control
- higher standard of living noted by increased income, improved housing, employment
- strengthened family functioning
- increased access to community resources
- adaptation to parenting in Canada

Benefits to Neighbourhoods or Communities Expected from Program Activities:

- higher levels of cohesion, affiliation or connectedness

Benefits to the Service Delivery Network:

- increased availability and accessibility of services
- improved quality of service

The Parents Helping Parents Program Serves:

- parents with young children
- parents who need training in child care, management or supervision
- one parent families
- families with few material resources evidenced by low income, over crowded or inadequate housing, shortages of food or clothing
- families referred by the existing social service system (e.g. public health, child welfare services, children's mental health etc.) as needing special help or support
- families who are new or relatively new to our country
- families with few social supports
- families with limited English language resources
- children who need supplemental care or opportunities for learning, socialization or skill development

Key Objectives of the Parents Helping Parents Program:

- to promote the healthy growth and development of children
- to enhance parents' child care skills and parenting ability
- to empower families to be able to access community resources

Major Activities/Content of the Parents Helping Parents Program:

- home visiting by peer educators with the same language and culture includes: role modelling behaviours, education/support, problem solving re: family stresses, demonstration of use of available community resources, developmental assessments and related education, practical application of infant stimulation principles through "hands on" activities

Parents Helping Parents Programming Occurs At:

- the homes of program participants

Agencies, Organizations & Groups That Contribute to Delivery of the Program:

- Social Planning and Research Council
- CAPC Staff
- Hamilton-Wentworth Regional Public Health Department
- Regional Community and Social Services
- Planned Parenthood
- Citizenship and Immigration
- Settlement and Immigration Services (SISO)
- Housing Help Centre
- Hamilton Public Library
- Immigrant Women's Centre
- Trauma Prevention Council
- St. Joseph's Community Health Centre
- North Hamilton Community Centre

Roles Available for Participants in Delivering the Program:

- a paid staff role in the program
- a volunteer role on the Advisory Committee
- participation in the training session for Resource Parents
- providing child care on a volunteer basis

Roles Available for Participants in Governing the Program:

- formal opportunities to express their views and opinions about the program (interviews, surveys, focus groups)
- membership in working groups and on planning committees that make recommendations for running the program to the steering committee, however, they do not have control over decisions made about the program
- membership on a management or governing committee which includes voting privileges and influences decisions made about running the program

4.0 THE CAPC CATCHMENT AREA

The CAPC catchment area encompasses East Hamilton and the town of Stoney Creek. This geographic area was chosen because it is an under serviced area of the region where a high concentration of high risk families reside. Needs assessments of both residents and agencies/churches/organizations within the area indicate that large number of the population are disadvantaged. Furthermore, residents of this area do not have local access to many of the services, resources and facilities enjoyed by residents of other areas in the Hamilton-Wentworth region. The CAPC catchment area has the following boundaries (see map, appendix four).

- West Boundary: Strathearne Avenue & Cochrane Road
- East Boundary: Fifty Road
- North Boundary: Lake Ontario
- South Boundary: the brow of the escarpment

4.1 Risk Indicators in the CAPC Catchment Area

At the time of writing the CAPC proposal, the following risk indicators were identified in the catchment area through reviewing Regional Community Services records, conducting focus groups with residents and agency representatives, interviewing priests/ministers of churches, and reviewing census tract data:

- high levels of unemployment
- high levels of poverty and related under nutrition
- poor parenting skills among many isolated, disadvantaged families
- escalated frequency of violence including child abuse
- lack of locally accessible formal and informal resources (health, social, recreational and cultural)
- high rates or low income families
- high rates of single parent families
- low literacy rates

A recent Risk Capacity Profile of Hamilton-Wentworth (Henry, 1997) related that Hamilton is at a significantly higher risk of poverty and social assistance compared to both the provincial and the country. A brief description of these risk factors follows:

4.1.1 Income Levels

In terms of income levels, the City of Hamilton and the town of Stoney Creek are the two poorest areas within the region of Hamilton-Wentworth. The City of Hamilton has an average income which is below both the Canadian and Ontario Averages. Henry (1997), reports, using 1991 data from Statistics Canada, the following figures:

TABLE 4.1: INCOME LEVELS

Geographic Area	Poverty Rate (number of families earning < \$20 000)
Canada	16.8%
Ontario	13.1%
City of Hamilton	17.4%
Town of Stoney Creek	8.8%

The academic research literature has consistently shown that poverty correlates with more negative outcomes for children than any other single factor. In his "Risk and Capacity Profile of Hamilton-Wentworth", Henry lists the following outcomes as being associated with child poverty:

- Higher infant mortality, low birth-weight babies and chronic health problems
- Reduced opportunities for developing a secure attachment to a caregiver in infancy
- A higher risk of being abused
- An increased likelihood that the child will make use of physical aggression in relating to others
- A greater risk for emotional and psychological problems
- Less opportunity to develop social skills
- Poor school performance

4.1.2 Social Assistance Rates

Social assistance rates are often used as indicators of poverty in a city or region. Henry, (1997), reports that in 1995, 14.9% of the population in the Hamilton-Wentworth region (the region includes Hamilton, Stoney Creek, Flamborough, Glanbrook, Ancaster and Dundas) were receiving social assistance.

This is higher than the total social assistance rate for Ontario in 1995. In more detail, in 1995, more than 45,000 people in Hamilton-Wentworth were receiving General Welfare Assistance (GWA) and more than 45,000 people were in receipt of the Family Benefits Allowance (FBA).

Subtracting the social assistance rate for the region (14.9%) from the poverty rate for the region (17.4%) reveals that, in 1995, 2.5% of the population in Hamilton-Wentworth would be categorized as "working poor".

4.1.3 Immigration

Over 20% of residents in Hamilton-Wentworth identify a language other than English as their mother tongue (Henry, 1997). This is reflective of the presence of both long term immigrants (e.g. Italian, Polish, Cambodian) and more recent immigrants from war-torn countries (e.g. Croatia, Slovenia, and Serbia). Past experience of these immigrants combined with barriers such as language, racism, and cultural insensitivity result in a lack of access to traditional health and social services, and a higher risk for negative outcomes.

The presence of these high risk factors in the region resulted in recommendation in the Risk of Capacity profile "to increase investment in families with children younger than six who live in neighbourhoods with high rates of poverty and social service use, to prevent the need for further services." This recommendation is in line with the work which the CAPC Project is doing.

4.1.4 Number Served

As a new initiative, the program required considerable time and resource to be developed and marketed (a timeline highlighting program development is on p 2). The program started visiting families in October 1994.

Total Number of Different Families Served -> 70

It is important to note that each Resource Parent is limited to working only 10 hours per week, these 10 hours include all travel time to participant's home, preparation time, home visiting time, as well as any time for program development and promotion (i.e. attending committee meetings, making presentations in the community).

TABLE 4.2: PARENTS HELPING PARENTS CASELOAD BY ETHNICITY
OCTOBER 1994 - MARCH 1997

Ethnicity	Number of Families (%)
Serbian/Croatian	17 (24%)
Vietnamese	16 (23%)
Punjabi/Urdu	24 (34%)
Arabic	9 (13%)
Polish	4 (6%)
Total	70 (100%)

A waiting list for the program began in March 1996. The table below summarizes the 29 people by ethnicity that were on the waiting list between March 1996 and March 1997.

TABLE 4.3: WAITING LIST

Ethnicity	Number of People on Waiting List
Bosnian	3
Cambodian	1
Croatian	2
Filipino	1
Gujrati	3
Punjabi	8
Serbian	3
Vietnamese	8

5.0 COMPONENTS OF THE EVALUATION OF THE PARENTS HELPING PARENTS PROGRAM

5.1 Program Development Form (Appendix One)

- this form collects information on the stage of development of the program, the lessons learned in terms of development and management of the program as well as changes made to the program
- this form is completed by the program staff every six months

5.2 Demographic Information Form (Appendix Two)

- this form collects information about family composition, ages of members of the family, languages spoken in the home, household income, maternal and paternal education levels, and why participants come to the program
- this form is typically completed by the Resource Parent and the program participant after a number of visits have been made and trust is established

5.3 Qualitative Data from Interviews with Resource Parents

- the Resource Parents were interviewed to gather information on the difficulties they face in their jobs

5.4 The Parents Helping Parents Questionnaire (Appendix Three)

- this tool was developed, using components of past evaluations of similar programs in order to evaluate the Parents Helping Parents Program
- the time line was established so that baseline data would be collected over the second and third visits a Resource Parents makes to the family (the tool takes an average of 2.5 hours to complete), and follow-up data would be collected at intervals of 6 months after baseline and 12 months after baseline

- the Parents Helping Parents Questionnaire consists of:

5.4.1 The Home Observation for Measurement of Environment (HOME) Inventory

A 45 item questionnaire which measures both the quality and quantity of support for development available in the child's home environment through six different subscales which measure:

- (i) emotional and verbal responsibility of the mother
- (ii) avoidance of restriction and punishment
- (iii) organization of physical and temporal environment
- (iv) provision of appropriate play materials
- (v) maternal involvement with the child and
- (vi) opportunities for variety in daily stimulation

5.4.2 The Minnesota Infant Development Inventory (MIDI)

- using yes-no questions, this inventory measures development of infants in the first fifteen months of life in the following five areas: language, comprehension, fine and gross motor skills, and personal social development

5.4.3 Qualitative Questions

- qualitative questions designed to collect information on the problems faced by program participants

6.0 CHALLENGES ENCOUNTERED IN EVALUATING THE PARENTS HELPING PARENTS PROGRAM

6.1 Information:

- Resource Parents initially had limited knowledge about community resources
- written information about community resources was available only in English

6.2 Instrumentation:

- lack of culturally sensitive evaluation tools
- few evaluations of this kind reported in the current literature

6.3 Limited Understanding of Evaluation Basics:

- Resource Parents had a limited understanding of the reasons for evaluation and the basics of evaluation, for example, informed consent, filling out forms, concepts in the MIDI and the HOME

6.4 Initial Insecurity of Resource Parents:

- Resource Parents were initially very insecure about doing the evaluation
- Resource Parents were initially very uncomfortable asking some of the evaluation questions (i.e. income level)
- Resource Parents thought they were being evaluated

6.5 Service versus Evaluation:

- Resource Parents need to develop trust with their clients prior to starting the evaluation, as lack of trust combined with an evaluation form could result in participants dropping out of the program
- Resource Parents find they often have to address basic need such as food and housing and solve crisis such as family violence before starting the evaluation process
- some cultures require visitors to partake of meals with them, this time takes away from both program and evaluation time, however it does contribute to the trust/relationship between the resource parent and the family receiving service

6.6 Time:

- the sampling period of 3 months for the longitudinal evaluation tool was insufficient because some families would have limited program contact within three months
- Resource Parents were concerned that repeating the evaluation too frequently could affect their relationships with families

7.0 DEMOGRAPHICS OF PROGRAM PARTICIPANTS

7.1 Limitations Of The Demographic Data

A demographic information form which is filled out by most of the programs in the CAPC project is used for the Parents Helping Parents Program. The demographic form is to be completed once a participant has attended or received service from a program three times. As a result of the variant nature of program interventions in the CAPC project, the programs have flexibility in how they complete the form (i.e., having the participant complete it alone, having staff complete the form with participants on an individual basis or staff completing the form in a group setting). Due to the nature of home visiting, the Resource Parents complete the form with the program participant once they feel trust has been established.

Questions about personal income, education levels and work status are often perceived as intrusive by the person being asked the questions and, often by the person who is asking the questions. Add to this the lack of trust and/or fear many immigrants have of government agencies due to experiences they had in their native country, and a low response rate on these questions is not surprising. In order to be sensitive to these issues, as well as to decrease the potential for participants to drop-out of the program because they perceive these questions as invasive, Resource Parents are given the flexibility to judge when they feel there is enough trust developed to bring forward these questions.

The demographic information presented in this report is based on participant self-report. With any population, self-reported demographic data has the potential to be inaccurate due to lack of knowledge and/or fear of reporting all of the facts (i.e. a person receiving social assistance may be fearful to report any additional income). This is particularly true for some members of the immigrant population who may have a limited understanding of Canadian terms such as education level and gross household income due to limited English language skills as well as lack of experience with the Canadian education system.

Of the 60 participants serviced by the Parents Helping Parents Program over its first three years of funding, 48 participants (69%) completed the demographic information form.

7.2 Highlights Of The Demographic Data On Participants In The Parents Helping Parents Program

The demographic information form was completed by 48 program participants, which represents 69% of the participants serviced by the program.

- 2/3 of the families are two-parent families, with 21% of the families being headed by a single parent
- 96% of program participants are female
- the average age of program participants is 28 years
- many different languages were spoken in the home of program participants including Arabic (19%), Punjabi (17%), Vietnamese (17%), Serbian (9%)
- the majority of participants (67%) had one child between zero and six years of age; just under one quarter of the participants (23%) had two children in this age range
- more than half of the program participants (59%) had not completed high school and for one-third of their partners (33%) the high school diploma was the highest education level
- the majority of the program participants (81%) were not working outside the home
- 60% - 69% of the participants report gross household incomes below the Low Income Cut-Off Line used by Statistics Canada
- 92% of the program participants live inside the CAPC catchment area

7.3 Interpretation Of Demographic Data

As previously mentioned in the section on limitations of the demographic data (p 16), these data need to be interpreted with caution as they are based on 69% of the participants who attended the program.

96% are Female, 4% are Male:

The program works with the family unit, with one member of the family identified as the program participant for communication and evaluation purposes. While the majority of participants who completed the demographic information form were female, it should be noted that it is not uncommon for male family members to answer questions during the evaluation or influence how the women answer (this is usually because of cultural traditions but can also be a result of the male family member having the more advanced public communication skills).

Languages Spoken:

Only 6% of participants who completed the demographic information form reported speaking English as a language in the home, this confirms that the program is serving Multi-cultural families of various ethnicities. These data indicate a risk factor for children living in these families with factors such as language barriers and racial prejudice decreasing their access to services, and increasing their social marginalization (Henry, 1997).

Average Participation Age is 28 Years:

This finding was surprising given the high live birthrate of teens in Hamilton-Wentworth, as well as the high number of single parents aged 20 - 24 in receipt of social assistance. The problem of recruiting teen parents and young parents is one which is shared not only by the other CAPC programs in Hamilton-Wentworth, but by other CAPC projects in Ontario, indicating that the issue extends beyond the program.

23% Have Two children Six or Under in the Home, 67% Have One Child Six or Under Living in the Home:

This finding is reflective of the population which CAPC serves, that is families with children aged zero (prenatal) to six year of age.

60% - 69% Live Below the Low-Income Cut-off:

This confirms that the program is serving families who are "at-risk". Poverty has more association with negative outcomes in children than any other single factor (see p 24)

59% Have Not Completed High School, for 23% High School is the Highest Education Level Attended:

This finding indicates a risk factor for program participants, as education is directly correlated with employment and income, both of which are necessary in order to provide for, and raise children.

81% Do Not Work Outside the Home:

This finding is reflective of low education level among participants (see above) and, is contributory to the low income level participants report (see above)

92% Live in the CAPC Catchment Area:

This indicates that the majority of program participants live in the targeted area of the program.

7.3.1 The Parents Helping Parents Program is Serving a Population “At-Risk”

The demographic data collected reveal that the participants who take part in the Parents Helping Parents Program, as a group have the following risk indicators:

- moderate rate of single parents
- low rate of speaking English in the home
- low education attainment
- high rate of unemployment

In addition to the high risk that poverty alone poses for the children living in the participants' families, research has demonstrated that risk factors multiply in effect as does the impact (Henry, 1997).

The high rate of poverty amongst program participants, coupled with the presence of other significant risk indicators confirms that the participants in the Parents Helping Parents Program belong to a population “at -risk”.

7.4 Gender of Participants in the Parents Helping Parents Program:

TABLE 7.1: GENDER OF PARTICIPANTS IN THE PARENTS HELPING PARENTS PROGRAM

Gender	Number of Participants (%)
Female	46 (96%)
Male	2 (4%)

7.5 Family Composition of Parents Helping Parents Program Participants:

TABLE 7.2: FAMILY COMPOSITION OF PARENTS HELPING PARENTS PROGRAM PARTICIPANTS (N=48)

Family Composition	Number (%)
Single Parent Family	10 (21%)
Two Parent Family	29 (60%)
Many Relatives	2 (4%)
Question Left Blank	7 (15%)

7.6 Age Breakdown of Participants in the Parents Helping Parents Program:

TABLE 7.3 AGE BREAKDOWN OF PARTICIPANTS IN THE PARENTS HELPING PARENTS PROGRAM (N=48)

	Average Age (range)
Program Participant	28 years (20 - 44)
Partner	32 years (25-30)

7.7 Languages Spoken In The Home Of Parents Helping Parents Program

**TABLE 7.4: LANGUAGES SPOKEN IN THE HOME
OF PARENTS HELPING PARENTS PROGRAM PARTICIPANTS (N=48)**

Languages Spoken in the Home	Number of Participants N=48 (%)
Arabic	9 (19%)
Cambodian	3 (6%)
Cambodian & Vietnamese	1 (2%)
Croatian	3 (6%)
English & Vietnamese	1 (2%)
English & Urdu	1 (2%)
English & Cambodian	1 (2%)
Hindi	2 (4%)
Punjabi	8 (17%)
Serbian	4 (9%)
Serbian/Croatian	3 (6%)
Urdu	2 (4%)
Urdu & Punjabi	2 (4%)
Vietnamese	8 (17%)

7.8 Number Of Children Aged Zero To Six Living In Participant's Homes

**TABLE 7.5: NUMBER OF CHILDREN AGED ZERO TO SIX
LIVING IN PARTICIPANT'S HOMES (N=48)**

Number of Children 6 Years and Under Living in the Home	Number of Participants (%)
One Child	32 (67%)
Two Children	11 (23%)
Three Children	1 (3%)
Four Children	1 (3%)
No Children	1 (3%)

7.9 Geographical Distribution Of Parents Helping Parents Program Participants

**TABLE 7.6: GEOGRAPHICAL DISTRIBUTION OF
PARENTS HELPING PARENTS PROGRAM PARTICIPANTS**

Geographical Location of Participant's Home	Number of Participants N=48 (%)
Inside the CAPC catchment area	44 (92%)
Outside the CAPC catchment area	1 (3%)
Question not answered	3 (5%)

7.10 Education Levels Of Participants In The Parents Helping Parents Program

**TABLE 7.7: EDUCATION LEVELS OF PARTICIPANTS IN THE
 PARENTS HELPING PARENTS PROGRAM (N=48)**

Level of Education	Number of Program Participants N=48 (%)	Number of Partners of Program Participants N=48 (%)
no formal schooling	1 (3%)	0
some elementary	3 (6%)	1 (3%)
completed elementary	2 (4%)	3 (6%)
some secondary	22 (46%)	6 (12%)
completed secondary	11 (23%)	16 (33%)
some community/technical college	2 (4%)	4 (8%)
completed community/technical college	0	2 (4%)
some university/teacher's college	1 (3%)	1 (3%)
completed university/teacher's college	3 (6%)	2 (4%)
question not answered	3 (6%)	13 (27%)

7.11 Employment Status Of Participants In The Parents Helping Parents Program

**TABLE 7.8: EMPLOYMENT STATUS OF PARTICIPANTS IN THE
 PARENTS HELPING PARENTS PROGRAM**

Employment Status	Program Participants N=48 (%)	Partners N=48 (%)
Working Full-Time	3 (6%)	28 (58%)
Working Part-Time	4 (9%)	6 (13%)
Not Working Outside the Home	39 (81%)	5 (10%)
Question not answered	2 (4%)	9 (19%)

7.12 Gross Household Income For Parents Helping Parents Participants & Its Relation to the Statistics Canada Low-income Cutoff (LICO)

The most frequently used measure for determining poverty is the Statistics Canada Low-Income Cut-Off (LICO). This has been identified as a consistent way of identifying those who are "substantially worse off than average." A family at or below a LICO is one which spends more than 55% of its income on food, shelter and clothing. The LICO measures relative poverty, that is, how people at the low income end are faring compared to those of "average" income (Campaign 2000). There are 35 LICOs for Canada which vary according to family size and community size. The LICOS used in this report are the 1996 LICOs from Statistics Canada for the city of Hamilton. LICOs for the town of Stoney Creek are slightly lower than those for Hamilton, for example, the LICO for a family of four living in Hamilton is \$ 27,651, while the LICO for a family of four living in Stoney Creek is \$ 27,459 (Henry 1997).

TABLE 7.9: GROSS HOUSEHOLD INCOME FOR PARENTS HELPING PARENTS PARTICIPANTS & ITS RELATION TO THE STATISTICS CANADA LOW-INCOME CUTOFF (LICO)

Number in Family	1 (n=1)	2 (n=5)	3 (n=24)	4 (n=8)	5 (n=6)	unknown (n=4)	Total N=48 (%)
INCOME RANGE							
< \$5 000	1	1	0	0	0	0	2 (4%)
\$5 000 - \$9 999	0	3	2	1	1	0	7 (15%)
\$10 000 - \$14 999	0	1	8	4	0	0	13 (27%)
\$15 000 - \$19 999	0	0	5	0	2	0	7 (15%)
\$20 000 - \$29 999	0	0	2	2	1	0	5 (10%)
\$30 000 - \$39 999	0	0	4	1	0	0	5 (10%)
\$50 000 - \$59 999	0	0	1	0	0	0	1 (2%)
Not Answered	0	0	2	0	2	4	8 (17%)
Stats Can LICO	\$ 14,694	\$ 18,367	\$ 22,844	\$ 27,651	\$ 30,695	NA	
Number Below LICO	0	5	15 - 17	5 - 7	4	NA	(60%-69%)

8.0 PROGRAM PROCESS DATA

8.1 Developmental Stages Of The Parents Helping Parents Program

TABLE 8.1: DEVELOPMENTAL STAGES OF THE PARENTS HELPING PARENTS PROGRAM

	May 1994	Jan 1995	June 1995	Sept 1995	April 1996	Oct 1996
The program was still at the conceptualization and planning stage; the objectives, target population and major activities were still not yet specified	✓					
Planning for the program was complete; the operational aspects of the program were agreed upon, the program was actually running - individuals were participating; however, the program was very much in the experimental stage		✓	✓			
The planning and operational aspects of the program were worked out, the program was running and individuals were participating; however, the program was not running at capacity and/or some issues need to be resolved about engaging participants, program content etc.				✓		
The program and operational aspects of the program have been worked out; the program is running at or near capacity and major issues such as engaging participants, program content, etc. have been resolved.					✓	✓

8.2 Lessons Learned by the Parents Helping Parents Program

TABLE 8.2: LESSONS LEARNED BY THE PARENTS HELPING PARENTS PROGRAM

	June 1995	September 1995	April 1996	October 1996	April 1997
GOVERNANCE	<ul style="list-style-type: none"> resource parents were more reluctant than anticipated to take on leadership roles instead, preferring to be guided by "professionals" 	<ul style="list-style-type: none"> need for careful communication writing simple instructions helps self-esteem and confidence take time to build up in resource parents 	<ul style="list-style-type: none"> clear, concise communication is a necessity when working with individuals whose first language is not English 	<ul style="list-style-type: none"> four public health nurses supervising resource parents has been reduced to one supervisor to improve consistency of supervision and communication with peer support workers time required to travel by bus for home visits has reduced the number of home visits 	<ul style="list-style-type: none"> as resource parents gain experience they become more vocal in demanding services for their communities and, in wanting to have their input into program objectives (i.e. evolving away from child development focus)
DEVELOPMENT			<ul style="list-style-type: none"> there is a high need for resource materials in several languages, and at an education and literacy level that is basic promotional materials in various languages would have been helpful video has been developed but this took a long time and has taken from program delivery 	<ul style="list-style-type: none"> group visits would increase the number being seen, but many cultures we visit will not agree to discussing their problems in front of others 	<ul style="list-style-type: none"> organized cultural societies are primarily social, they lack leadership in community development. Thus community issues common to many multi-cultural groups are not being addressed. percentage of high risk cases has increased which has led to an increase in the number of hours of consulting with the public health nurse. original objective was to follow families for 3 years to evaluate changes made. We needed to reduce the time due to demand for the program.

	June 1995	September 1995	April 1996	October 1996	April 1997
OTHER	<ul style="list-style-type: none"> ● we have found that the basic needs component needs to be tackled first in this program before the educational component on child development can be addressed ● resource parents required considerable support and encouragement to venture out on their own ● everything has taken twice as long as we expected 	<ul style="list-style-type: none"> ● resistance has been met in the evaluation process, partially due to mistrust of government agencies ● targeting some cultural groups has been harder than anticipated ● the best educated individual is not always the best at one to one activities required in this program ● empathy is important, as well as problem-solving ability 	<ul style="list-style-type: none"> ● trust takes time to develop and more so with individuals new to the country. Often clients will repeatedly deny or downplay problems so persistence on the part of home visits is necessary 	<ul style="list-style-type: none"> ● we expected many immigrant families would need parenting help, but were unprepared for the number who needed help obtaining basic needs and services such as food, clothing, welfare, medical care, housing, etc. 	<ul style="list-style-type: none"> ● resource parents are spending a lot of time on transportation to and from home visits, leading to implementing more group approaches ● need to examine the needs of resource parents for in-service training on child abuse, unemployment insurance and housing

8.3 Changes Made in the Parents Helping Parents Program:

TABLE 8.3: CHANGES MADE IN THE PARENTS HELPING PARENTS PROGRAM

June 1995	September 1995	April 1996	October 1996	April 1997
<ul style="list-style-type: none"> ● resource parents have been reluctant to take on leadership roles; such as team leader at bi-weekly meetings, project leaders have continued instead as team leaders ● there is more flexibility in referral criteria, some cases are being carried jointly by resource parents and public health nurses, where original plan was to have resource parents carry the cases alone ● pace of meetings, discussions and activities has been greatly reduced 	<ul style="list-style-type: none"> ● change in criteria used in selecting candidates to attend the skill development workshop for resource parents ● we have found that the best educated are not necessarily the best at interpersonal skills necessary for program delivery ● flexibility in governance approach, close supervision and support 	<ul style="list-style-type: none"> ● reduction in the number of individuals supervising resource parents from 4 to 1 has reduced the duplication and increased communication ● a waiting list was established as there are insufficient finances available to allow for enough hours for home visits that are needed by the number of clients requiring home visits ● it has been necessary for our resource parents to deal with crisis issues in each family serviced before educational program can begin 	<ul style="list-style-type: none"> ● in addition to enhancing child development initiatives, expanded to helping families overcome barriers to obtaining basic needs and services in the community ● began providing consultative services to individuals and families and community agencies outside the CAPC catchment area to partially meet the unmet needs of other multi-cultural families at risk ● to meet numerous requests for service outside the catchment area, telephone consultations are done 	<ul style="list-style-type: none"> ● expanded program objectives include more groups and community services such as the Please Be Seated project with the multi-cultural community ● decrease in the levels of management, increase in the team leaders time ● more formal linkages with community agencies to augment our services (i.e. translating, getting rides). ● due to lack of services provided by organized cultural groups, the Immigrant Family Health Coalition has been developed

8.4 Outreach Activities

The Resource Parents have been more actively involved in outreach activities within the last year of the pilot funding. This involvement is partially due to the large number of needs within the multi-cultural communities and the lack of services provided for them. However, this outreach activity is also a result of the Resource Parents themselves having gained the confidence and skills necessary to advocate for the multi-cultural community.

Below is a list of these outreach activities, followed by a brief description.

Parents Helping Parents Advisory Committee

- includes representation from multicultural service agencies as well as members from various cultures which meet regularly

Please Be Seated

- a multi-cultural car seat safety project with the Hamilton Trauma Prevention Council, the Hamilton Automobile Association and the International Red Cross

Family Literacy Advisory Group (F.L.A.G.)

- in collaboration with the Hamilton Public Library, this project will develop Family Language Kits for newcomers to Canada. these kits will include childrens' stories in both English and another language (i.e. Vietnamese, Arabic).

9.0 DATA FROM PROGRAM PARTICIPANTS

9.1 Why Participants Take Part in the Parents Helping Parents Program

The demographic information form asks the participants why they come to the program. The major themes of their responses are summarized below, with italics indicating translated responses.

Assistance with Finding Out About and Accessing Services in the Community

- "This program is beneficial because it is informative and provide information of the resources in the community with the help of the program I attended free English class and knew about birth control, child development, etc."
- "This program is very resourceful and helpful for me and my family. It helps us explore our opportunities in the community."
- "The program is beneficial in that it is informative and provide information of the resources in the community."

Language Barrier

- "...when I learned you can speak my language I decided to join this program. This is very useful program."
- "Was recommended to her from Public Health Department. Doesn't speak English, thinks PHP is a good program because she can communicate in her own language."
- "language/different culture/to know child development/where to get help for her when needed"

Social Isolation

- "I was new in the country and felt lonely and home sick with the help of this program I learnt about different community services which are free and I feel confident."
- "It was recommended to me in the hospital of St. Joseph's. I feel lonely. With PHP I have somebody to talk about child's development, problems I have, etc."
- "I live here and does not have a lot of friend. I feel isolated. I don't where to get help when needed because of language barrier."

Information About Child Development

- “*...It is good to know that you have somebody who is experienced in the field of child development whom you can ask about problems and who can help you in solving them.*”
- “*This program is very useful for me because it helped me a lot addressing my concern about health education and child development and child safety etc.*”
- “*This program is very good for mothers with small kids, especially when somebody doesn't know English well. The reason why I come to this program is when I have questions there is Resource Parent who would help me in answering them. It's good to have somebody who speaks my language who can help me in dealing with my problems.*”

10.0 QUALITATIVE DATA FROM INTERVIEW QUESTIONS INCLUDED IN THE PARENTS HELPING PARENTS QUESTIONNAIRE

The responses to the qualitative portion of the Parents Helping Parents questionnaire are summarized by theme below, with the questions indicated in bold and the responses translated by the Resource Parents appearing in italics.

10.1 What problems or concerns do you have with your child?

Health Problems

- "health problems - cough. In this community there are not many services for small kids. Parents are stuck at home with such small kids especially during the wintertime."
- "health concerns re: respiratory problems"
- "health problems. She was very often sick this winter. She gets ear infection easily."

No Concerns

- "none"
- "mother doesn't have problems with her child"
- "none at the moment"

Behaviour

- "my concern is with my toddler's behaviour. She does not want to listen to me. Her grandfather can tell her what to do, and she will listen to him, not me."
- "how to deal with her being stubborn"

Nutrition/Eating

- "About her eating. I am worry about nutrition for her, but I think you help me with that, so I don't think I have any concern right now, maybe later."
- "concerns about many things. she is afraid she does not have enough money to buy formula for her baby."

Medical

- “Sometimes she cries at night, I don’t know what happens to her, if she has stomach ache of something...I worry about her down syndrome. I don’t know is she is normal like other child.”
- “Before I was worried about my baby’s neurologic development. Now, I not worried any more. Your program helped me and my pediatrician. It is good to have somebody who would tell you “that is good, this is not”, “you are feeding her in proper way”. I have heard lot of different advices from my friends but that made confusion with help of your program I learned how to breast-feed correctly.”
- “He has eye infection. Since his birth which is a matter of concern though some medication is being given. Waiting for surgery when he gets bigger.”

10.2 What problems do you have living here?

Financial

- “Problem of not having the time to spend with family. If you want to live better you need more money, you work more and you don’t have the time for the family. Mother thinks that is disadvantage of high standard of life which everybody is trying to achieve.”
- “yes, my budget is very tight. And its very hard to ask the superintendent to fix around.”

Difficulty Finding a Job

- “financial problems, day care problems, problem to find a job”
- “mother doesn’t know English language. Did not grow up in this society. Different culture. She cannot get job.”
- “finding suitable job is problem.”

None

- “doesn’t have any. She would like her family from Yugoslavia to visit her.”
- “there are no problems”
- “no we don’t have any problems living here”

Social Isolation

- “I feel loneliness here because my all family is India and another problem is language.”
- “I feel lonely here. I don’t have friends. I don’t know English well. It’s problem with kids, they are not same here. There is lot of crime here.”

Language

- “language is a big problem. Also to get a job is problem.”
- “understanding and speaking English is still big problem.”
- “language problems but now I want to go to ESL classes Resource Parent will make appointment for me for ESL classes.”

10.3 Who helps you with these problems?

Family & Resource Parent

- “Sometimes my husband and some times resource parent helps me because she can understand my problem”
- “Lucky I have family here which is of some help to me when needed. Resource Parent who speak My language is a great help blessing.”
- “My husband is a great source of strength for me in hour of need the Resource Parent is very helpful in addressing my problems and issues regarding baby's care.”

Resource Parent

- “Public Health Nurse and Resource Parent”
- “only resource parent helps me”
- “you”

11.0 RESOURCE PARENT COMMENTS

In order to assess how the resource parents perceive their service is impacting on non-English speaking families, four resource parents participated in open-ended interviews. The four resource parents had all been involved in the Parents Helping Parents program for a minimum of six months. These four married women came from Bosnia, Vietnamese, Arabic and East Indian communities.

Thematic analysis of transcripts from the interviews revealed the following major themes

Resource Parents Have Empathy for the Immigrant People

- financial difficulties and need for adequate employment
- relatives are not enough
- stress
- language problems
- no social support

Resource Parents Work on Building Trust

- families distrust outsiders
- families trust insiders
- families confide with Resource Parents on family and personal matters

Resource Parents Work on Improved Communication

- adjustment to new climate/transportation system
- change is slow
- oral tradition
- share cultural knowledge
- dealing with the outside world

Resource Parents Assist Families to Access Services

- health care
- social assistance
- English as Second Language (ESL) classes
- day care
- worker's compensation
- clothing stores

- library
- culture specific movies
- dentist who speaks the same language

Families Tell Resource Parents How Everything Has Changed

before:

- completely isolated
- little knowledge or skills in dealing with the outside world
- depression

after:

- isolation was broken
- linked to services
- increased standard of living
- improved well being
- confidence to deal with the outside world

Resource Parents Discuss Their Success

- families are settled
- daily issues still remain

Resource Parents Discuss Their Increase in Cases

- 12 hours a week is not enough time to work
- waiting lists
- volunteer time

The Resource Parents view themselves as successful and effective.

12.0 PRELIMINARY RESULTS FROM THE PARENTS HELPING PARENTS PROGRAM LONGITUDINAL STUDY QUESTIONNAIRE

One component of the Parents Helping Parents evaluation is a questionnaire which is completed with program participants soon after they join the program (time 1), 6 months after they join the program (time 2) and 12 months after they join the program (time 2)

The questionnaire was completed with 40 participants for Time 1.

As of March 1997, the 6 month follow-up interviews had been completed with 18 program participants. Some of the initial 40 in the sample has been discharged from the program prior to the Time 2 interview, others had not reached the Time 2 by March 1997.

12.1 Home Observation for Measurement of Environment Inventory (HOME)

The HOME Inventory measures the quality and quantity of support for development available in the child's home environment. The version designed for families of infants birth to age three years, is a 45 item questionnaire containing six subscales that measure:

- emotional and verbal responsibility of the mother
- avoidance of restriction and punishment
- organization of physical and temporal environment
- provision of appropriate play materials
- maternal involvement with the child
- opportunities for variety in daily stimulation

Preliminary Findings:

Of the 18 questionnaire completed for Time 2, 14 were completed accurately.

Using a paired sample two tailed t-test, there was a statistically significant difference between participant scores at time 1 and time 2 on the following subscales:

- parental responsibility (emotional and verbal)
- organization of environment
- provision of play materials
- parental involvement
- opportunities for variety

There was also a statistically significant difference between the overall scores at time 1 and time 2. Statistical significance was not achieved for the subscale which measures avoidance of restriction and punishment, however there was a positive trend on this scale.

These preliminary findings suggest that involvement in the Parents Helping Parents program has positive effects on the quality and quantity of support for development available for children in the homes of participants. However, scores are expected to increase as the child matures. In the case of this evaluation, the higher score may be reflective of the Resource Parents being more aware of the strengths of the families they work with. Therefore, these preliminary findings, while positive, must be interpreted with caution. The scores at Time 3 will add strength to the findings.

12.2 Minnesota Infant Development Inventory (MIDI)

The MIDI reviews development of infants in the first fifteen months of life. It is comprised of yes-no questions which measure infant development in five areas: language, comprehension, fine motor skills, gross motor skills, and personal social development.

The MIDI is scored by comparison of development to chronological age, by measuring if an infant's development is within 30% of its chronological age, that is 30% below average or 30% above average.

Preliminary Findings:

This measure was completed on infants of 14 program participants at Time 1 and Time 2. Chi square tests were done to see if there was a difference in 3 category reveals (below average, average, above average) from time 1 to time 2 (actual value was 1.37, with 1.0 degrees of freedom and p=0.243).

- at Time 1, a small number of infants were below average in their development and a small number were above average in their development.
- at Time 2, there was no change in those who were below average in their development
- overall, there was no statistically significant change in categorization of infant developmental level from Time 1 to Time 2, the majority were in the average level for their chronological age at both times.

These preliminary findings suggest that involvement in the Parents Helping Parents Program does not have an impact on the developmental level of the infant, but that could be because most are at an average level already.

However, the program has had to focus on immediate needs of the families prior to beginning work on child development (see changes made, p 28), something which was not planned, but which has happened in response to the high degree of risk experienced by the families who participate in the program. Therefore, the Time 2 measure at 6 months, while indicative of no change in developmental level of the infants does not indicate that the program is not successful in improving infant development since teaching on infant development may not have started or just started at the 6 month interval. Thus, results from Time 3 will be more telling.

Additionally, the results of the MIDI will need to be studied further because translation was not done by an expert, thus there may be a problem with the translation of concepts from English to another language, or alternatively it is possible that participants did not understand the questions being asked.

12.3 Awareness of Community Resources

The questionnaire includes questions on awareness of, and use of community services.

Participants are asked if they know about a service, then if they have used the service within the last three months. Services asked about include:

- family doctor
- emergency health care services
- hospital
- day care services
- library
- recreational services for children
- food banks
- parent drop-in or recreation services
- English as a Second Language (ESL) classes
- parent education or counselling services

Participants are then asked about their attitudes and opinions on services and accessing them. The responses to these questions include five different degrees, for example:

Q14. How satisfied are you with the quality of service available in this community?

1. Very satisfied
2. Dissatisfied
3. Satisfied
4. Very satisfied
5. Don't know

Preliminary Findings:

- these questions were completed at Time 1 and Time 2 by 17 program participants
- all participants had a family doctor at Time 1.
- between Time 2 and Time 1 there was no difference in the actual use of emergency services
- at Time 2 there were less participants who did not know about the community services
- at Time 2, there was a positive trend in participants' opinions that there are enough services for families who live here
- at Time 2, there was borderline statistical significance in participants' opinions on the degree of difficulty of finding help for their child, with the change being from "not very hard" to "not hard at all."
- at Time 2, there was a positive trend in participant satisfaction with the quality of services available in the community
- at Time 2, there was not much change in participants attitudes about who listens to their opinions about services in the community and, the importance of having someone listen to their opinions

These findings indicate that participants are more aware of community services at Time 2, although not necessarily utilizing them more.

13.0 PARENTS HELPING PARENTS PROGRAM

OBJECTIVES, INDICATORS AND OUTCOMES

Objective:

The Parents Helping Parents Program will work with multi-cultural families living in East Hamilton and Stoney Creek to promote the healthy growth and development of their children

TABLE 13.1: OBJECTIVES, INDICATORS AND OUTCOMES

Indicators	Outcomes
● demographics of program participants	● 92% live in East Hamilton/Stoney Creek (p 32) ● only three participants report speaking English in the home (p 34)
● improved development of children, scores from the MIDI	● preliminary findings indicate that there is no difference in child development (p 44)
● improved environment for child, scores from the HOME	● preliminary findings indicate that there is improvement in the environment for children of participants, and in participants' responses to their children (p 51)
● participant self-report	● information on child development is reported by participants as a reason for taking part in the program (p 44) ● participants report concerns about their child's health and development (p 46)

Objective:

The Parents Helping Parents Program will work with multi-cultural families living in East Hamilton and Stoney Creek to enhance child care skills and parenting ability.

TABLE 13.2:

Indicators	Outcomes
● demographics of program participants	● 92% of participants live in East Hamilton/Stoney Creek (p 22) ● only three participants report speaking English in the home (p 21)
● positive change in HOME scores from Time 1 to Time 2	● preliminary findings indicate that there is improvement in the environment for children of participants, and in participants' responses to their children (p 37)
● participant self-report	● participants report learning about caring for their children through their involvement with the program (p 31)

Objective:

The Parents Helping Parents Program will empower multi-cultural families living in East Hamilton and Stoney Creek to access community resources.

TABLE 13.3:

Indicators	Outcomes
● demographic information on participants	● 92% of participants live in East Hamilton/Stoney Creek (p 22) ● only one participant reports speaking English in the home (p 21)
● change in knowledge of community resources as evidenced by changes in responses to questions between Time 1 and Time 2	● preliminary findings indicate that participants are more aware of community resource (p 39)
● participant self-report	● participants report learning about and accessing community resources as a result of their involvement in the program (p 30)

14.0 RECOMMENDATIONS FOR FUTURE PLANNING AND EVALUATION

- develop strategies to ensure that more program participants complete the demographic information form
- increase the sampling time between Time 1 and Time 2 for the longitudinal evaluation questionnaire to allow for the time Resource Parents are spending on dealing with crisis issues (e.g. family violence, lack of food, etc.), time which is not being spent on child development which is what the questionnaire is measuring
- conduct a chart review of participant files in order to determine the occurrence of the different crisis issues that Resource Parents are dealing with
- based on the chart review, develop a tool to efficiently capture chart information for the evaluation process
- continue to develop formal networks among the program, crisis and support services and multi-cultural agencies
- develop procedures to evaluate the program's role in outreach projects such as the Please Be Seated and F.L.A.G. projects

15.0 CONCLUSIONS

Based on the data collected from May 01 1994 - March 31 1997, the Parents Helping Parents Program is serving its target population of immigrant families "at-risk" living in East Hamilton and Stoney Creek who are experiencing language and/or cultural barriers.

Qualitative data collected for the evaluation reveal that participants take part in the program to learn about and receive assistance with: accessing community resources, overcoming language barriers, child development, and parenting skills. These data also illustrate that many of the participants experience social isolation which is decreased through their involvement in the program.

Preliminary findings from a longitudinal questionnaire indicate that: (i) program participants are more aware of community resources, (ii) program involvement has a positive effect on the quality and quantity of support for development available for children in the home, and (iii) there is no change in infant development stage, relevant to chronological age.

Many important lessons about working with members of the multi-cultural community and with peer workers, have been learned. Two of the more important lessons which impact on evaluation results include: (i) the significant amount of time and resource this type of programming takes and (ii) the families in the program experience significantly higher risk than initially expected. These two lessons have resulted in a shift in program priorities. Resource Parents work with families on crisis issues (e.g. lack of food, housing issues, family violence issues) prior to implementing the child development component of the program.

16.0 REFERENCES

Campaign 2000 Report Card 1997: Child Poverty in Canada

Henry, Terrance (1997). Risk & Capacity Profile: Hamilton-Wentworth. A report prepared for the Hamilton Area Office of the Ministry of Community and Social Services

APPENDIX ONE
PROGRAM DEVELOPMENT FORM

Community Action Program for Children

REPLACEMENT - PROTECTED WHEN
completed
Aussi disponible en français

National Evaluation Appendix One: Form "C" Program Development Form Activity Report at 6 Month Intervals

Cycle 5



Instructions for filling out this form can be found on the overleaf

In Form "C", PROJECT refers to the total intervention effort of your funded proposal. PROGRAM refers to those activities being undertaken to achieve particular objectives (e.g. improve parenting skills) with a particular group (e.g. primary caregivers). Some PROJECTS will have one PROGRAM. Other PROJECTS will have more than one PROGRAM.

The distinctive features of a PROGRAM are

- ❖ objectives – what it is supposed to accomplish
- ❖ target population – whom the program is supposed to serve

One PROGRAM is different from another PROGRAM when one or more of these features is different between PROGRAMS

THIS PROJECT IS IN THE FORM "E" SAMPLE

Project Number: 4927-06-93/0029 Language E

Project Name: Community Action Program for Children
(CAPC): Hamilton-We

Province: ONTARIO

FED Number: 0529 FED Name Hamilton East

Reporting Period: April 1, 1997 to September 30, 1997

For the Regional Program Consultant:

Check here and sign below after check list points on the overleaf have been verified.

This form was verified by:

Name

Date day month year

Signature

Regional Program Consultant to verify:

Form of for this project.

Check here if the project is no longer operating.

Begin Here

Name of person completing Form "C":

Given Name

Family Name

Title of person completing Form "C":

Telephone number:

- -
Area code

Fax number: (if applicable)

- -
Area code

How to complete this form

To answer the questions:

Mark a circle



Print in a box



OR Print on a line

CAPC



<p>Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)</p> <p>Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".</p>	<p>Program Name: _____</p> <p>Program Number: <input type="text"/> </p> <p>What is this program's status?</p> <p><input type="checkbox"/> Program has been active and operating for most or all of the past six months → Go to C2.</p> <p><input type="checkbox"/> Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.</p> <p><input type="checkbox"/> Program is no longer in operation and is not expected to operate again → End date of <input type="text"/> day <input type="text"/> month <input type="text"/> year program Go to C1</p>
---	---

<p>C1. The PROGRAM is no longer in operation because . . .</p> <p>Mark ALL that apply</p>	<p><input type="checkbox"/> 1 program completed (objectives met)</p> <p><input type="checkbox"/> 2 federal funding reductions</p> <p><input type="checkbox"/> 3 provincial/territorial funding reductions</p> <p><input type="checkbox"/> 4 other funding reductions</p> <p><input type="checkbox"/> 5 program moved to another sponsor</p> <p><input type="checkbox"/> 6 change in community needs</p> <p><input type="checkbox"/> 7 other (specify) _____</p> <p style="text-align: right;">Go to next program</p>
<p>C2. Which of the following best describes the stage of development of this PROGRAM at the present time?</p> <p>Mark ONE circle only</p>	<p><input type="checkbox"/> 1 This PROGRAM is still at the conceptualization and planning stage - the objectives, target population and major activities have not yet been specified</p> <p><input type="checkbox"/> 2 Basic planning for this PROGRAM is complete: the objectives, target population and major activities have been specified; however, the operational aspects of the PROGRAM - who will do what, where, when, how - have not been specified.</p> <p><input type="checkbox"/> 3 Planning for the PROGRAM is complete and the operational aspects of the PROGRAM have been agreed upon; however, activities have not yet begun</p> <p><input type="checkbox"/> 4 Planning for the PROGRAM is complete: the operational aspects of the PROGRAM have been agreed upon; the PROGRAM is actually running - individuals are participating; however, the PROGRAM is very much in the experimental stage.</p> <p><input type="checkbox"/> 5 The planning and operational aspects of the PROGRAM have been worked out: the PROGRAM is running and individuals are participating; however, the PROGRAM is not running at capacity and/or some issues need to be resolved about engaging participants, program content, etc.</p> <p><input type="checkbox"/> 6 The planning and operational aspects of the PROGRAM have been worked out: the PROGRAM is running at or near capacity and major issues such as engaging participants, PROGRAM content, etc. have been resolved.</p>
<p>C3. Is this PROGRAM presently fully operational and running as planned?</p>	<p><input type="checkbox"/> 7 Yes → Go to C5.</p> <p><input type="checkbox"/> 8 No</p>
<p>C4. When do you expect this PROGRAM to be fully operational and running as planned?</p> <p>Mark ONE circle only.</p>	<p><input type="checkbox"/> 1 within 3 months of initial funding</p> <p><input type="checkbox"/> 2 within 3 to 6 months after initial funding is received</p> <p><input type="checkbox"/> 3 within 7 to 11 months after initial funding is received</p> <p><input type="checkbox"/> 4 1 to 2 years after initial funding is received</p> <p><input type="checkbox"/> 5 more than 2 years after initial funding is received</p>

Program Name: _____

Program Number: 

What is this program's status?

- Program has been active and operating for most or all of the past six months → Go to C2.
- Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal or hiatus until next session starts offered on demand) → Go to C2
- Program is no longer in operation and is not expected to operate again → End date of day month year
Go to C1

C5. Which one of the following major categories would describe the main focus of this PROGRAM?

Mark ONE circle only

- child-focused PROGRAM (e.g. additional resources for existing child care services, toy lending libraries, opportunities for stimulation, socialization, skill development)
- parent-focused PROGRAM (e.g. training and support groups for parents only, pre and post-natal programs)
- family-focused PROGRAM (program in which both parent and child participate)
- community development-focused PROGRAM (e.g. improving quality of life in the community by increasing community resources, improving safety, increasing neighbourhood cohesion)
- service network-focused PROGRAM (e.g. to improve the integration/co-ordination of services, increase the availability, accessibility or quality of services)

C6. Does the PROGRAM follow a packaged outline?

(e.g. a manual, video, or other documentation such as "Nobody's Perfect")

yes → name of outline _____

no

C7. From how many different sites (e.g. buildings, regular stops of mobile unit) is this PROGRAM delivered?

- one
- two
- three
- four or more

In the following questions, indicate all benefits expected, even if they are not the primary focus of the program (e.g. a child-focused program may also have benefits for the parents or community).

C8.i What are the benefits expected from this PROGRAM, for the CHILDREN affected?

Please check ALL that apply.

- children are not directly affected by this PROGRAM
- improved physical health
- improved cognitive function, including language development and school readiness
- improved social-emotional health including better interpersonal functioning, higher self-esteem and happiness
- fewer risks to the child at birth such as prenatal complications, low birth weight or prolonged hospitalization
- fewer risks to the child during infancy or later including injuries
- other (specify)

For office use only.

<p>Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)</p> <p>Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".</p>	<p>Program Name: _____</p> <p>Program Number: <input type="text"/> </p> <p>What is this program's status?</p> <p><input type="radio"/> Program has been active and operating for most or all of the past six months → Go to C2.</p> <p><input type="radio"/> Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.</p> <p><input type="radio"/> Program is no longer in operation and is not expected to operate again → End date of program <input type="text"/> day <input type="text"/> month <input type="text"/> year Go to C1</p>
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<p>C8.ii What are the benefits expected from this PROGRAM, for the <u>PARENTS</u> affected?</p> <p>Please check ALL that apply</p>	<p>01 <input type="radio"/> parents are not directly affected by this PROGRAM</p> <p>02 <input type="radio"/> improved caretaking skills</p> <p>03 <input type="radio"/> higher levels of social support including opportunities for socialization</p> <p>04 <input type="radio"/> increased coping resources, including improved sense of well-being, self-esteem and sense of control</p> <p>05 <input type="radio"/> higher standard of living (e.g. increased income, improved housing, employment)</p> <p>06 <input type="radio"/> improved family functioning</p> <p>07 <input type="radio"/> other (specify) <hr/></p> <p><input type="checkbox"/> For office use only.</p>
<p>C8.iii What are the benefits expected from this PROGRAM, for the <u>NEIGHBOURHOODS OR COMMUNITIES</u> affected?</p> <p>Please check ALL that apply.</p>	<p>1 <input type="radio"/> neighbourhoods or communities are not directly affected by this PROGRAM</p> <p>2 <input type="radio"/> higher levels of neighbourhood/community spirit</p> <p>3 <input type="radio"/> improved safety or security</p> <p>4 <input type="radio"/> more resources such as parks, playgrounds, recreational facilities, etc.</p> <p>5 <input type="radio"/> other (specify) <hr/></p> <p><input type="checkbox"/> For office use only.</p>
<p>C8.iv What are the benefits expected from this PROGRAM, for the <u>SERVICE DELIVERY NETWORK</u> affected?</p> <p>Please check ALL that apply.</p> <p>Examples of "service delivery network": – child protection agency – tenants' association</p>	<p>01 <input type="radio"/> the service delivery network is not directly affected by this PROGRAM</p> <p>02 <input type="radio"/> higher levels of integration, co-ordination</p> <p>03 <input type="radio"/> increased availability and accessibility of services</p> <p>04 <input type="radio"/> improved quality of service</p> <p>05 <input type="radio"/> other (specify) <hr/></p> <p><input type="checkbox"/> For office use only.</p>
<p>C9. What ages are the children served by this PROGRAM?</p> <p>Please check ALL that apply</p>	<p>1 <input type="radio"/> children are not served directly by this PROGRAM</p> <p>2 <input type="radio"/> before birth</p> <p>3 <input type="radio"/> birth to 11 months</p> <p>4 <input type="radio"/> 1 to 3 years</p> <p>5 <input type="radio"/> 4 to 5 years</p> <p>6 <input type="radio"/> 6 years and over</p>

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: _____

Program Number: 

What is this program's status?

- Program has been active and operating for most or all of the past six months → Go to C2.
- Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
- Program is no longer in operation and is not expected to operate again → End date of

program	day	month	year
---------	-----	-------	------

Go to C1

C10. Whom does this PROGRAM target (i.e., priority population)?

Please check ALL that apply

Women:

01 women expecting their first child

02 pregnant women

Parents:

03 parents who need training in child care, management or supervision

04 parents with children 6 years and under

Families:

05 single parent families

06 families living in poverty

07 families referred by the existing service system as needing special help or support

08 families who are new or relatively new to Canada

09 off-reserve Aboriginal, Métis or Inuit families

10 families who are highly mobile or transient (e.g. farm labourers, etc.)

Children:

11 children who need supplemental care (e.g. day care, respite care)

12 children who need extra opportunities for learning, socialization or skill development

13 other (specify) _____

For office use only.

C11. What are the major activities of this PROGRAM?

Please check ALL that apply.

1 one-on-one sessions

2 discussion groups

3 formal classes

4 drop-in activities

5 home visits

→ Go to C13

6 mobile units

7 other (specify) _____

→ Go to C12.

→ Go to C13

<p>Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)</p> <p>Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".</p>	<p>Program Name: _____</p> <p>Program Number: _____ </p> <p>What is this program's status?</p> <p><input type="radio"/> 1 Program has been active and operating for most or all of the past six months → Go to C2.</p> <p><input type="radio"/> 2 Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.</p> <p><input type="radio"/> 3 Program is no longer in operation and is not expected to operate again → End date of program _____ Go to C1</p>
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<p>C12. Who visits the family home?</p> <p>Please check ALL that apply</p>	<p><input type="radio"/> 1 professional staff (professional nurse, social worker, physician, dietician, nutritionist, occupational or physical therapist, lactation consultant, midwife)</p> <p><input type="radio"/> 2 para-professional staff (parent-aide, shelter worker, social services worker, project manager)</p> <p><input type="radio"/> 3 trained volunteers (La Leche League mums, friendly visitors)</p> <p><input type="radio"/> 4 untrained volunteers</p> <p><input type="radio"/> 5 other (specify) _____</p>
<p>C13. Over the last month, approximately how many different CHILDREN participated each week?</p> <p>Example of "different children": – if child participates in PROGRAM twice in one week, count child only once.</p>	<p>999 <input type="radio"/> PROGRAM is not for children or _____ children (If none are participating yet, enter "000")</p>
<p>C14. Over the last month, approximately how many different PARENTS OR CAREGIVERS participated each week?</p> <p>Example of "different parents or caregivers": – if parent or caregiver participates in PROGRAM twice in one week, count parent or caregiver only once.</p>	<p>998 <input type="radio"/> PROGRAM is not for parents or caregivers or _____ parents or caregivers (If none are participating yet, enter "000")</p>
<p>C15. How many hours in total is the PROGRAM offering services each week?</p>	<p>99 <input type="radio"/> not applicable given PROGRAM structure or _____ hours per week (If program is not offering services yet, enter "000")</p>
<p>C16. Over the last month, how many different sessions could a participant attend each week?</p>	<p>98 <input type="radio"/> not applicable given PROGRAM structure or 99 <input type="radio"/> less than one session per week (e.g. one session per month) or _____ sessions per week (If program is not operating yet, enter "00")</p>

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: _____

Program Number: _____

What is this program's status?

- Program has been active and operating for most or all of the past six months → Go to C2.
- Program was not operating for most or all of the past six months but has not been cancelled (e.g. seasonal or hiatus until next session starts offered on demand) → Go to C2.
- Program is no longer in operation and is not expected to operate again → End date of program _____ day _____ month _____ year
Go to C1

C17. Over the last month, for how many hours would each participant be involved each week on average?
(Round partial hours to the nearest full hours)

96 not applicable given PROGRAM structure

or

97 less than one hour per week

or

_____ hours per week *(If program is not operating yet, enter "00")*

C18. In the last 6 months, in how many weeks did the PROGRAM operate?

(Note: 26 weeks = 6 months)

_____ weeks *(If program is not operating yet, enter "00")*

C19. Describe the setting or location where this PROGRAM takes place.

Please check ALL that apply.

- space belonging to community agency or service provider (e.g. Children's Aid, children's mental health centre, YM/YWCA)
- space belonging to government agency or department
- space belonging to local service club (e.g. Lions, Rotary)
- space belonging to local religious group (e.g. church, mosque, synagogue)
- advocacy group (e.g. women's group, tenants' or neighbourhood / community association, welfare rights group)
- space belonging to provincial/territorial organization or association
- space belonging to national organization or association
- in homes of participants, staff, or volunteers
- in a mobile unit at various locations
- other (specify) _____

C20. What is the current role of potential consumers or participants in DELIVERING the PROGRAM?

Please check ALL that apply.

(Note: If program is not yet operational, please indicate the planned role.)

- a volunteer role for identifying and enlisting participants
- a volunteer role in providing services
- a paid staff role
- no role in delivering the PROGRAM
- other (specify) _____

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: _____

Program Number: _____ 

What is this program's status?

- Program has been active and operating for most or all of the past six months → Go to C2
- Program was not operating for most or all of the past six months but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2
- Program is no longer in operation and is not expected to operate again → End date of program _____ day month year
Go to C1

C21. What is the current role of potential consumers or participants in the MANAGEMENT of this PROGRAM?

Please check ALL that apply

(Note: If program is not yet operational, please indicate the planned role.)

- no role in the management of the program
- they have informal opportunities to express their views or opinions about the PROGRAM
- they have formal opportunities to express their views or opinions about the PROGRAM (e.g. through interviews, surveys, focus groups)
- they sit on working groups, planning committees or advisory committees that make recommendations about the PROGRAM to a management committee; however, they will not have control over decisions made about the PROGRAM
- they sit on a management or governing committee and vote or directly influence decisions about the PROGRAM
- they govern program development and implementation and make all key decisions about the PROGRAM
- other (specify) _____

C22. List the names of the agencies, organizations or groups actively involved in either the delivery or the management of this PROGRAM.

Please check and list ALL that apply.

community agency and service provider (e.g. Children's Aid, children's mental health centres, YM/YWCA)

government agency or department (excluding CAPC)

local service club (e.g. Lions, Rotary)

local religious group (e.g. church, mosque, synagogue)

advocacy group (e.g. women's group, tenants' or neighbourhood association, welfare rights or poverty group)

individual residents from the neighbourhood

provincial/territorial organization or association

national organization or association

other (specify)

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: _____

Program Number: 

What is this program's status?

- Program has been active and operating for most or all of the past six months → Go to C2.
- Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal or hiatus until next session starts offered on demand) → Go to C2.
- Program is no longer in operation and is not expected to operate again → End date of day month year
program
Go to C1

C23. What is learned from a PROGRAM may be more important than what was done. List below the new ideas or lessons learned during the last 6 months that will influence some aspect of this PROGRAM. (e.g. If we had to do it over again, what would we change? OR If a group setting up a similar program asked for advice, what would we tell them?)

01 Ideas/lessons on Development:

02 Ideas/lessons on Objectives:

03 Ideas/lessons on Management:

04 Ideas/lessons on Activities:

05 Ideas/lessons on Other aspects:

C24. Lessons learned can provide opportunities for making PROGRAM changes that will increase a PROGRAM'S chance for success. List the changes you have made to the PROGRAM in the last 6 months based on your experiences.

1 Changes in Objectives:

2 Changes in Management:

3 Changes in Activities:

4 Changes in Other aspects:

C25. Have the objectives of this PROGRAM changed from the original funded objectives?

5 Yes → If yes, describe the changes:

6 No

APPENDIX TWO
DEMOGRAPHIC INFORMATION FORM

Appendix Two: Demographic Information Form

The Community Action Program For Children (CAPC) of Hamilton-Wentworth

Dear Parent:

Welcome to one of our Community Action Program for Children (CAPC) programs. We need to ask you a few questions about your family so that we can let the people who pay for the programs know who CAPC is serving. Your say will help them decide if CAPC programs will get more funding after June 1997. Your comments are very important to us!

First name: _____

Last name: _____

Program name: _____

Today's Date: _____

Please circle the phrase that best describes your family:

- 1 single parent family**
- 2 two parent family**
- 3 several relatives living together**

Parent 1 (Female): date of birth

_____ month day year

Parent 2 (Male): date of birth:

_____ month day year

Name(s) of child(ren)

(first, last)

Date of Birth _____

Male **Female** _____

Male **Female** _____

Male **Female** _____

Male **Female** _____

Please circle the language(s) spoken most often at home:

1 English

2 French

3 Other (please name): _____

Please circle your average yearly household income (before taxes):

1 less than \$5 000

2 \$5 000 TO \$9 999

3 \$10 000 TO \$14 999

4 \$15 000 TO \$19 999

5 \$20 000 TO \$29 999

6 \$30 000 TO \$39 999

7 \$40 000 TO \$49 999

8 \$50 000 TO \$59 999

9 \$60 000 or more

Please circle your education history:

Parent 1 Parent 2
(Female) (Male)

- | | | |
|---|---|---|
| 1 | 1 | no formal schooling |
| 2 | 2 | some elementary |
| 3 | 3 | completed elementary |
| 4 | 4 | some secondary |
| 5 | 5 | completed secondary |
| 6 | 6 | some community or technical college |
| 7 | 7 | completed community or technical college |
| 8 | 8 | some university |
| 9 | 9 | completed university or teacher's college |

Please circle your current type of employment outside of the home (are you working?):

Parent 1 Parent 2
(Female) (Male)

- | | | |
|---|---|------------------------------|
| 1 | 1 | full-time |
| 2 | 2 | part-time |
| 3 | 3 | not working outside the home |

Why do you come to this program?

To find out the effect of the CAPC program on your family, we would like to interview 50 people now and again in one year. The interview will take about one hour and can be done at your home or at the program. All information will be kept confidential (secret). You will get \$20 for your time. Would you like to take part in the CAPC follow-up study?

Yes No

If yes, please give us your current address and telephone number:

Address:

Telephone Number:

If no, please tell us why:

Thank you very much for your help!

APPENDIX THREE
THE PARENTS HELPING PARENTS QUESTIONNAIRE

Appendix Three
Parents Helping Parents Program

EVALUATION QUESTIONNAIRE

HEALTH CARE UTILIZATION

The first questions are about services for families. I am going to read a list of services and programs. Please tell me if each one is available to you in this community.

1 = Yes 2 = No 3 = Don't know

- | | | |
|----|--|-------------|
| 1. | Emergency health care services? | 1 2 3 |
| | IF YES: Did you use this service in the last 3 months? | 1 2 3 |
| 2. | Hospital? | 1 2 3 |
| | IF YES: Has your child been admitted to hospital
in the last 3 months? | 1 2 3 |
| 3. | Day care services? | 1 2 3 |
| | IF YES: Did you use these services in the last 3 months? | 1 2 3 |
| 4. | Services for children with emotional or behavioral problems? | 1 2 3 |
| | IF YES: Did you use these services in the last 3 months? | 1 2 3 |
| 5. | Library services? | 1 2 3 |
| | IF YES: Did you use these services in the last 3 months? | 1 2 3 |
| 6. | Recreational services for children? | 1 2 3 |
| | IF YES: Did your children go to a recreational centre
in the last 3 months? | 1 2 3 |
| 7. | Food Bank? | 1 2 3 |
| | IF YES: Did you go to a food bank in the last 3 months? | 1 2 3 |
| 8. | Parent Drop-in or Recreational services? | 1 2 3 |
| | IF YES: Did you go to a Parent Drop in or
recreational centre in the last 3 months? | 1 2 3 |
| 9. | ESL classes? | 1 2 3 |
| | IF YES: Did you attend ESL classes in the last 3 months? | 1 2 3 |

10. Parent education or counselling services?
 IF YES: Did you get counselling in the last 3 months? 1 2 3
 1 2 3
11. Are there other services in this community?
 IF YES: Which other services have you used
 in the last 3 months?
 Specify _____ 1 2 3
12. Do you think that there are enough services in the community for families that live here?
 1. No, definitely not
 2. No, I don't think so
 3. Yes, I think so
 4. Yes, definitely
 5. Don't know
13. When you (or one of your children) (have/has) a problem, how hard is it for you to find help with this problem?
 Would you say...
 1. Very hard
 2. Fairly hard
 3. Not very hard
 4. Not hard at all
 5. Don't know
14. How satisfied are you with the quality of service available in this community?
 1. Very satisfied
 2. Dissatisfied
 3. Satisfied
 4. Very satisfied
 5. Don't know
15. Does anyone listen to your opinions about the services and programs that are available in the community?
 1. None
 2. Little
 3. Much
 4. Very much
 5. Don't know

16. Do you think that it is important that someone listens to your opinion about the types of services and programs for those communities?
1. Not very important
 2. Somewhat important
 3. Important
 4. Very important

CHILD'S GROWTH AND DEVELOPMENT

The next questions are about _____ growth and development.

17. Are you currently breast feeding _____?
18. IF NO: Did you breast feed _____ before?

IF YES: For how long?

1. less than a week
2. 1-4 weeks
3. 5-8 weeks
4. 9-12 weeks
5. 3-6 months
6. 7-9 months
7. 10-12 months
8. 13-16 months
9. more than 16 months

19. Where did you receive prenatal care?
1. Doctor
 2. Nurse
 3. Midwife
 4. Other
 5. Nobody
20. Does your child have a doctor?
21. Did you take your child to the doctor in the last 3 months?
22. When was your baby weighed last?
23. Do you know your baby's weight? _____ height? _____
24. I would like to know when _____ received his/her last immunization.

HOME INVENTORY

Please circle 1 (not observed) or 2 (observed) beside each item if the behaviour is observed during the visit or if the parent reports that the condition or events are characteristic of the home.

I. Parent's Emotional and Verbal Response

- | | |
|---|----------|
| 1. Parent speaks to child twice. | 1 2 |
| 2. Parent responds to child's speech/sounds by talking. | 1 2 |
| 3. Parent tells child name of object or person during visit. | 1 2 |
| 4. Parent's speech is clear and easily heard. | 1 2 |
| 5. Parent talks to visitor. | 1 2 |
| 6. Parent talks freely and easily. | 1 2 |
| 7. Parent lets child play with things that are messy. | 1 2 |
| 8. Parent praises child at least twice without encouragement. | 1 2 |
| 9. Parent's voice shows positive feelings toward child. | 1 2 |
| 10. Parent touches or kisses child at least once. | 1 2 |
| 11. Parent enjoys praise of child offered by visitor. | 1 2 |

II. Acceptance of Child's Behaviour

- | | |
|--|----------|
| 12. Parent does not shout at child. | 1 2 |
| 13. Parent is not annoyed or hostile to child. | 1 2 |
| 14. Parent does not slap or spank child during visit. | 1 2 |
| 15. No more than one instance of physical punishment in the past week. | 1 2 |
| 16. Parent does not scold or criticize child during visit. | 1 2 |
| 17. Parent does not stop child's normal actions more than three times. | 1 2 |
| 18. At least ten books are present in the house. | 1 2 |
| 19. Family has a pet. | 1 2 |

III. Organization of the Environment.

- | | |
|--|----------|
| 20. Babysitting is provided by one of three regular sitters. | 1 2 |
| 21. Child is taken to grocery store atleast once/week. | 1 2 |
| 22. Child gets out of house at least four times/week. | 1 2 |
| 23. Child is taken regularly to doctor's office or clinic. | 1 2 |
| 24. Child has a special place for treasures. | 1 2 |
| 25. Child's play environment is safe. | 1 2 |

IV. Toys and Play

26.	Muscle activity toys or equipment.	1	2
27.	Push or pull toys	1	2
28.	Stroller, kiddie car, scooter, or tricycle.	1	2
29.	Parent gives toys to child during visit.	1	2
30.	Age appropriate toys.	1	2
31.	Equipment that helps with learning.	1	2
32.	Simple eye-hand coordination toys.	1	2
33.	Complex eye-hand coordination toys	1	2
34.	Toys for reading and music.	1	2

V. Parental Involvement with Child

35.	Child in parent's sight at all times.	1	2
36.	Parent talks to child while doing housework.	1	2
37.	Parent encourages child's development.	1	2
38.	Parent helps child to learn to play with a more advanced toy.	1	2
39.	Parent plans child's play times.	1	2
41.	Parent provides toys that challenge child to develop new skills.	1	2

VI. Opportunities for Variety

41.	Father provides some care daily.	1	2
42.	Parent reads stories to child at least three times weekly.	1	2
43.	Child eats at least one meal per day with mother and father.	1	2
44.	Family visits with relatives or friends at least once a month.	1	2
45.	Child has three or more books of his/her own.	1	2

MINNESOTA INFANT DEVELOPMENT INVENTORY

GROSS MOTOR DEVELOPMENT

1.	Kicks legs and thrashes arms	Y	N
2.	Raises head and chest when lying on stomach	Y	N
3.	Holds head steady when sitting	Y	N
4.	Makes crawling movements	Y	N
5.	Turns around when lying on stomach	Y	N
6.	Rolls over from stomach to back	Y	N
7.	Rolls over from back to stomach	Y	N
8.	Sits without support	Y	N
9.	Crawls on hands and knees	Y	N
10.	Pulls self to standing position	Y	N
11.	Sidesteps around furniture while holding on	Y	N
12.	Stands alone well	Y	N
13.	Climbs on chairs or furniture	Y	N
14.	Walks without help	Y	N
15.	Runs	Y	N

FINE MOTOR DEVELOPMENT

1.	Looks at objects or faces	Y	N
2.	Follows moving objects with eyes	Y	N
3.	Holds objects put in hand	Y	N
4.	Shakes rattle	Y	N
5.	Puts toys or other objects in mouth	Y	N
6.	Picks up objects with one hand	Y	N
7.	Transfer objects from one hand to the other	Y	N
8.	Holds two objects, one in each hand at same time	Y	N
9.	Uses forefinger to poke, push, roll small objects	Y	N
10.	Picks up small objects using only thumb	Y	N
11.	Picks up two small toys in one hand	Y	N
12.	Puts small objects in cup or container	Y	N
13.	Turns pages of books a few at a time	Y	N
14.	Builds tower of two or more blocks	Y	N
15.	Scribbles with pencil or crayon	Y	N

LANGUAGE DEVELOPMENT

1.	Cries	Y	N
2.	Cries in a special way when hungry	Y	N
3.	Makes sounds like ah, ugh, ug	Y	N
4.	Babbles	Y	N
5.	Whines or whimpering	Y	N
6.	Squeals	Y	N
7.	Makes sounds in play when alone	Y	N
8.	Makes sounds like da, ba, ga, ma	Y	N
9.	Makes sounds like ma-ma, da-da, ba-ba	Y	N
10.	Imitates single sounds like da, ba	Y	N
11.	Waves "bye-bye" at the right time	Y	N
12.	Associates sounds with things:	Y	N
13.	Says one word clearly	Y	N
14.	Shakes head to express "No"	Y	N
15.	Asks for food or drinks with single words	Y	N

COMPREHENSION DEVELOPMENT

1.	Alert: Interested in sights and sounds	Y	N
2.	Responds to voices; turns toward familiar voice	Y	N
3.	Reacts to sight of bottle or breast	Y	N
4.	Increases activity when shown toy	Y	N
5.	Reaches for objects	Y	N
6.	Responds to name	Y	N
7.	Looks for object after it disappears from sight	Y	N
8.	Anticipates being lifted by raising arms	Y	N
9.	Gets into things	Y	N
10.	Interested in pictures in books	Y	N
11.	Understands simple phrases	Y	N
12.	Usually comes when called	Y	N
13.	Hands a toy to mother when asked	Y	N
14.	Remembers where things are kept	Y	N
15.	Follows a few simple instructions	Y	N

PERSONAL SOCIAL DEVELOPMENT

1.	Responds positively to feeding & comforting	Y	N
2.	Responds with vocal sounds when talked to	Y	N
3.	Recognizes mother	Y	N
4.	Recognizes most familiar adults	Y	N
5.	Interested in image in mirror	Y	N
6.	Reacts differently to strangers	Y	N
7.	Reaches for familiar person	Y	N
8.	Gets upset and afraid if left alone	Y	N
9.	Plays "peek-a-boo"	Y	N
10.	Resists having a toy taken away	Y	N
11.	Plays "patty-cake"	Y	N
12.	Shows or offers toy to an adult	Y	N
13.	Imitates acts such as hugging a doll	Y	N
14.	Insists on feeding self	Y	N
15.	Says "Hi"	Y	N

PARENTS COMMENTS

Please describe your child in your own words.

What problems or concerns do you have with your child?

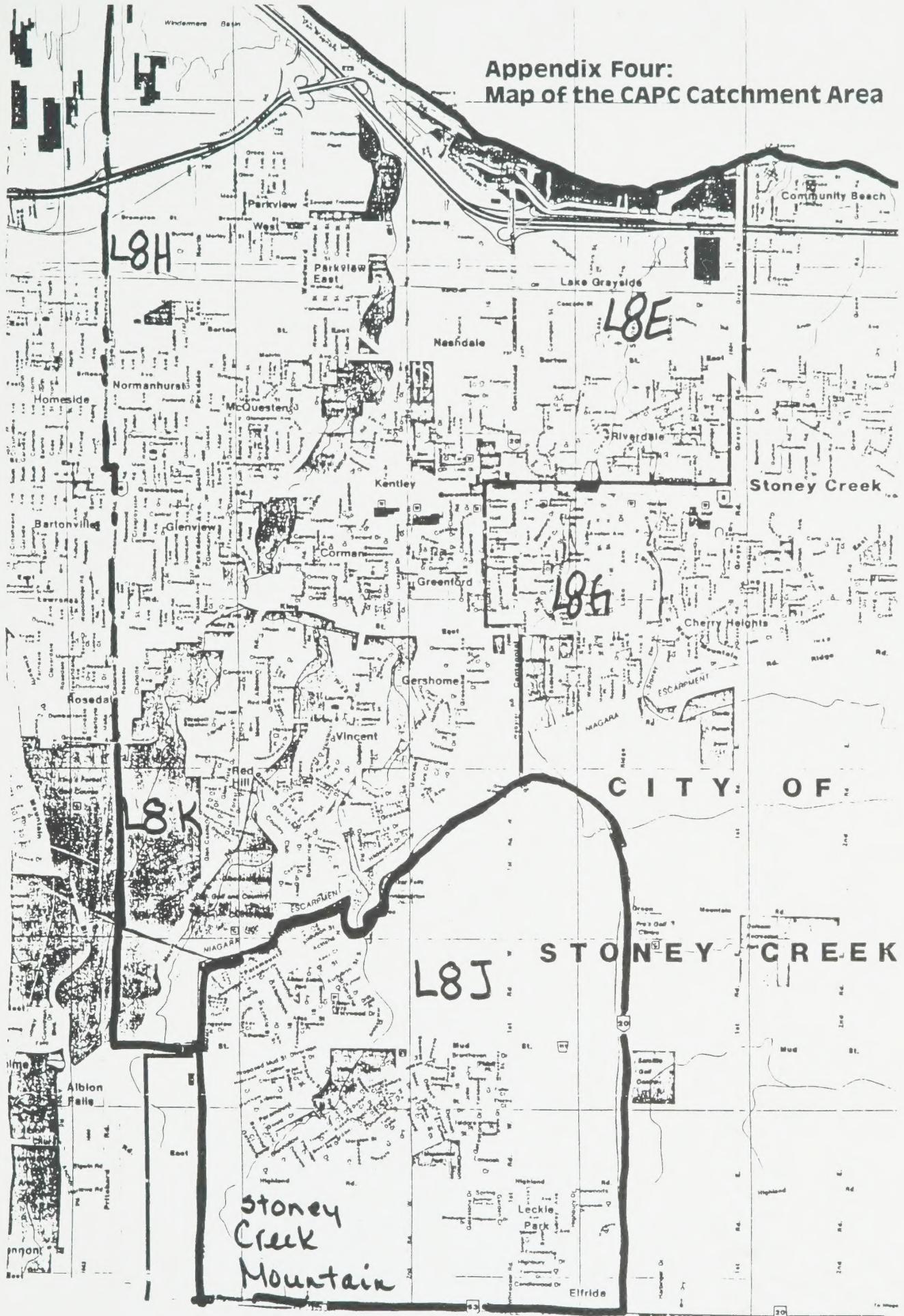
GENERAL QUESTIONS

I have some general questions that I would like to ask you.

1. What is it like for you living in this community?
2. What problems do you have living here?
3. Who helps you with these problems?
4. Are there any problems that no one helps you with?

APPENDIX FOUR
MAP OF THE CAPC CATCHMENT AREA

Appendix Four: Map of the CAPC Catchment Area



CAPC Boundaries:

East Boundary - Fifty Road
West Boundary - Strathearn Ave. & Cochrane Road
North Boundary - to the Lake
South Boundary - to the Mountain Brow

Stoney Creek Mountain:

East Boundary - Centennial Parkway (Hwy. #20)
West Boundary - Upper Mount Albion Road
North Boundary - to the Mountain Brow
South Boundary - Rymal Road East (Hwy. #53)

CAPC Boundaries



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